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Effectiv	Complete if Known							
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL				Application Number		10/624,944-Conf. #7694		
				Filing Date		July 21, 2003		
For FY 2008			- 1	First Named Inventor		Jianfeng Chen		
			Examiner Name		P. A. Wartalowicz			
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 1754					
TOTAL AMOUNT OF PAYMENT (\$) 1,860.00				Attorney Docket No. 04577/000N			72-US0	
METHOD OF PAYMEN	T (check all the	nat apply)					_	
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FEE CALCULATION								
1. BASIC FILING, SEARCH	. AND EXAM	INATION FEE	s					
,	FILING	FEES		RCH FEES Small Entity	EXAMI	NATION FEES Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)		Fee (\$)	Fee (\$)	Fees P	aid (\$)
Utility	310	155	510	255	210	105		
Design	210	105	100	50	130	65		
Plant	210	105	310	155	160	80		
Reissue	310	155	510	255	620	310		
Provisional	210	105	0	0	0	0		
2. EXCESS CLAIM FEES								Fee (\$)
Fee Description Each claim over 20 (includ							Fee (\$) 50	25
Each independent claim over	er 3 (includin	g Reissues)					210	105
Multiple dependent claims							370	185
Total Claims			Fee P	aid (\$)		luttiple Depende ee (\$)	ent Claims Fee Paid (\$)	
Indep. Claims Extra		e (\$)	Foo D	aid (\$)	_		_	-
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APPLICATION SIZE FEE If the specification and dra listings under 37 CFR sheets or fraction there	wings exceed 1.52(e)), the a	1 100 sheets of pplication size	fpaper (is \$260 (\$130 f				
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4. OTHER FEE(S)							Fees	Paid (\$)
Non-English Specificati Other (e.g., late filing su	on, \$130 fee rebarge): 12	(no small enti	ty disco	unt) oonse within thi	rd month			1,050.00
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SUBMITTED BY	////	//						
Signature Sous	lesp	ulu_		Registration No. (Attornoy/Agent)	47,522	Telephone	(212) 527	
Name (Print/Type) Louis J. [DelJyikijce					Date [December 1	10, 2007
Name (Print/Type) Louis J. E	DelJuidice					Date	December '	10, 2007

AMENDMENT '		TRANSMI'	TTAL LE	Docket No. 04577/000N072-US		
Application No.		Filing I		Examiner	Art Unit	
10/624,944-Co	nt. #7694	July 21,	2003	P. A. Wartalo	wicz 1754	
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ransmitted here	with is an ame	ndment in the	above-identifi	ed application.		
he fee has been	calculated an	d is transmitte	d as shown be	elow.		
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	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		
Total Claims	11	- 20 =	(0)	x 50.00	0.00	
Independent Claims	1	- 3 =	(0)	x 210.00	0.00	
Multiple Depend	ent Claims (ch	eck if applicabl	le)			
		253 Extension		rithin third month	1,050.00	
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